

**MEMORANDUM OF UNDERSTANDING REGARDING  
SERVING CONSUMERS WITH MENTAL HEALTH  
AND SUBSTANCE ABUSE ISSUES**

**BETWEEN THE AGING & DISABILITY RESOURCE CENTER AND  
COUNSELING & CLINICAL SERVICES UNITS OF RICHLAND COUNTY  
HEALTH & HUMAN SERVICES**

This Memorandum of Understanding (MOU) confirms the commitment of the Aging & Disability Resource Center (ADRC) and Counseling & Clinical Services to work cooperatively in assisting consumers to obtain information and education related to mental health and substance abuse issues and services as well as access to needed services, programs and benefits.

The MOU is intended to help clarify the specific roles and responsibilities of each party, ensure that participating staff understand the key elements of coordination and communication to which they have agreed, and to facilitate their working in partnership to achieve quality outcomes for consumers with mental health and substance abuse issues.

**I. OVERVIEW OF ROLES AND RESPONSIBILITIES:**

**Aging & Disability Resource Center**

The ADRC will provide Information & Assistance (I&A) to consumers with mental health and/or substance abuse issues as well as their families, friends, caregivers or advocates who ask for assistance on their behalf. The ADRC will also provide connections to crisis and emergency services, and Benefit Specialist services. The ADRC will not routinely provide short-term case management, options counseling or functional screens to members of this target group unless the consumer also meets a Family Care target group.

The information provided will include locally available mental health and substance abuse services and supports, as well as information and education related to the nature and characteristics of specific mental health and substance abuse disorders. The information provided will also include a wide variety of other community resources per the unique needs and interests of each consumer such as housing, employment, legal resources, food and nutrition, transportation, in-home services, public programs and benefits, and much more.

As needed, consumers will be provided assistance in getting connected to programs, services and benefits, including “warm transfer” connections to emergency and crisis services. Warm transfer means that callers in need of crisis or emergency services will be connected without having to hang up and redial. Other kinds of assistance will include advocacy to help consumers access needed services; and follow-up to determine outcomes and, as needed, offer further assistance in locating or using services.

The ADRC will also offer Disability and Elderly Benefit Specialist services to consumers with mental health and/or substance abuse issues. The Elderly Benefit Specialist will serve consumers age 60 years and older; the Disability Benefit Specialist will serve consumers age 18 through 59 years of age. The Benefit Specialists will provide confidential benefits counseling services to help consumers access programs, benefits and legal rights. They will provide advocacy and assist with the application and/or appeals process for benefits like Social Security-Disability, Social Security-Retirement, Supplemental Security Income (SSI), Medicare, SeniorCare, Medicaid, FoodShare, and other areas of public and private benefits.

### **Counseling & Clinical Services**

Clinical Services will accept referrals from the ADRC to provide crisis intervention, assessment, treatment, and clinical consultation services. These services are available through four primary programs: Crisis Intervention Services, Outpatient Clinic, Comprehensive Community Services, and Community Support Program. Clinical staff will be available for consultation on mental health and substance use issues. Clinical staff will seek ADRC consultation on potential resources for consumers.

- Crisis Intervention Services - The crisis worker will accept ADRC crisis referrals, team with ADRC staff to assist individuals in crisis, and refer individuals to the ADRC, when appropriate, following crisis resolution. Crisis intervention is provided during and after office hours. During regular business hours, a designated clinical staff member is available to respond to a crisis/emergency situation involving emotional distress, mental health or substance abuse issues. An after hours on-call system is in place to respond to emergencies.
- Outpatient Clinic – The Outpatient Clinic will accept ADRC referrals for mental health assessment, substance abuse/addiction assessment, mental health counseling, family counseling, psychological evaluation, and psychiatric evaluation and medication management. Clinical staff will consult with ADRC whenever needed to assist with referral to the most appropriate service to meet an individual's need.
- Comprehensive Community Services (CCS) – CCS provides psychosocial rehabilitative support activities and interventions to adults and children who have a mental health or substance use diagnosis and difficulty functioning independently. Adult CCS services are served by Clinical Services. Child CCS services are provided by the Children's Services unit. Clinical Services Adult CCS will accept referrals from ADRC and conduct necessary screening for functional eligibility. If found eligible CCS will work with ADRC as needed to conduct the admission process and assessment for service planning.
- Community Support Program (CSP) – CSP provides psychosocial rehabilitation and treatment to adults who cope with severe and persistent mental illness and have difficulty functioning independently. CCS will accept referrals from ADRC and conduct necessary screening for functional eligibility. If found eligible CSP will work with ADRC as needed to conduct the admission process and assessment for treatment planning.

## **II. PROCEDURES FOR ADRC STAFF WHEN MAKING REFERRALS TO COUNSELING & CLINICAL SERVICES**

### Counseling & Clinical Services Contact Information:

Primary contact for questions, concerns or consultation:

Tracy Thorsen, Counseling & Clinical Services Unit Manager

Back-up contacts when Tracy is not available:

John Pyle; back-up for the Community Support Program (CSP)

Liz Cox; back-up for Coordinated Community Services (CCS) and Homeless MOU

Katie Erb; back-up for Outpatient and Crisis services

### ADRC Referrals to the Outpatient Clinic:

To make a referral to Counseling & Clinical Services for outpatient individual and family psychotherapy, substance abuse and other addiction assessment and counseling, psychiatric evaluation and medication management, psychological evaluation and testing, or support groups, the I & A Specialist or Benefit Specialist may either:

- 1) Complete the "*Clinical Services Internal HHS Referral Form*" (**Attachment 1**) and either fax it, deliver it or send it via inter-office mail to the West office. If a psychological evaluation is the service being requested, the "*Psychological Evaluation Referral*" form (**Attachment 2**) should also be completed and attached; or
- 2) Call the reception desk *with the consumer* and ask to have an appointment scheduled. The receptionist may gather additional information to complete the phone referral and/or may ask you to complete and forward the referral form(s) described above.

NOTE: For the **Intoxicated Drivers Program**, the consumer must come in person to make an appointment and pay a fee. For **CHOICES**, the consumer must call directly himself/herself to make the appointment.

### ADRC Referrals for Emergency/Crisis:

For consumer contacts to the ADRC that involve a mental health crisis, the I&A Specialist or Benefit Specialist will follow the process described in the "Policy & Procedure for Handling Calls That May Involve a Crisis or Emergency," and warm transfer the consumer to the on-call therapist/clinician at Clinical and Counseling Services.

### ADRC Referrals for CSP or CCS:

To make a referral to CSP or CCS, contact Tracy Thorsen. If Tracy is unavailable, contact the back-up staff person indicated above.

### **III. PROCEDURES FOR COUNSELING & CLINICAL SERVICES STAFF WHEN MAKING REFERRALS TO THE ADRC**

#### Aging & Disability Resource Center Contact Information:

Primary Contact for Making Referrals to the ADRC: I & A Intake Worker on duty

Primary Contact for Referrals for Transportation: Angela Porter, Transportation Coordinator

Primary Contacts for Benefit Specialist Services: Cathy Frasier, Disability Benefit Specialist  
Joanne Welsh, Elderly Benefit Specialist

Primary Contact for Low Vision Support: Lois Miller

Primary Contact for Problems or Concerns: Linda Symons, ADRC Manager  
Kim Enders, Supervisor

#### Counseling & Clinical Services Referrals for Information & Assistance:

To refer a consumer to the ADRC who needs Information & Assistance (I&A), call the ADRC and ask for the I&A Specialist currently on Intake. You may also direct the consumer to call or walk in to the ADRC anytime during office hours. (Monday through Friday 8:30 a.m. to 5:00 p.m.) A family member, friend, or whoever else the consumer wishes may also make contact on his/her behalf.

NOTE: Consumers who call the ADRC after hours may leave a message on the answering machine. The call will almost always be returned the following working day, but no later than within 5 working days. Consumers who request to meet with a I&A Specialist outside normal office hours will be accommodated.

#### Counseling & Clinical Services Referrals for Transportation Program Assistance:

To connect a consumer to transportation assistance to medical appointments, you may either advise the consumer to contact the ADRC and ask for the Transportation Coordinator or contact the Transportation Coordinator on the consumer's behalf. The Driver Escort program is for medical (mental and physical) appointments only. Eligible passengers include the elderly (60+ or someone traveling with a person in that age category) and disabled adults. Disabled includes those individuals of any age who, because of any temporary or permanent physical or mental condition, or institutional residence, are unable, without special facilities or special planning or design, to use available public transportation facilities and services as effectively as persons who are not so affected.

Very frail persons, those with heavy wheelchairs, those with severe mental disabilities are asked to bring a helping person or attendant along, who will stay with them at all times, especially

when the driver has other passengers to take to other places. The helper/attendant is not charged for the ride nor do we pay them for this service.

This program requires that all passengers pay a co-payment based on the miles traveled unless another program pre-authorizes payment of the trip (i.e. MA, Family Care, VA). Waivers are considered for persons not on MA and who cannot pay the co-payment.

#### Counseling & Clinical Services Referrals for Low Vision Support:

To refer a consumer who is blind or with low vision to the Low Vision Support Group, or for information about products or services for people with low vision, either advise the consumer to contact the ADRC and ask for the Low Vision Coordinator or contact the Low Vision Coordinator on the consumer's behalf. The Low Vision Coordinator is usually available all day Monday and Wednesday, as well as Friday morning. If the Low Vision Coordinator is not available, you may also contact the I&A Specialist currently on Intake.

#### Counseling & Clinical Services Referrals to Benefit Specialists:

**Attachment 3** provides a staff guide that outlines both the Elderly and Disability Benefit Specialist programs including client age, client profile, typical services provided and other pertinent information. Use this guide when deciding when it is appropriate to make a referral to a Benefit Specialist, and which Benefit Specialist the referral should be directed to.

If you are not sure whether the consumer has a problem or need appropriate for Benefit Specialist services, refer the consumer to the I&A Specialist. I&A staff will assess the situation and if possible, will provide the needed information and assistance. If the consumer's problem or need is beyond the expertise of I&A staff, they will help the consumer get connected to the Benefit Specialist.

To make a referral to a Benefit Specialist you may either 1) Tell the consumer to contact the Benefit Specialist directly for an appointment; or 2) Call the Benefit Specialist to make the referral on behalf of the consumer.

## **IV. COLLABORATION**

#### Collaboration Between Counseling & Clinical Services and the Disability Benefit Specialist:

When referrals are made by Counseling & Clinical Services to the Disability Benefit Specialist (DBS) for assistance with the Social Security-Disability or Supplemental Security Income application process, the Counseling & Clinical Services staff will seek to partner with the DBS. Partnering means, with informed consent, providing copies of any pertinent mental health/substance abuse treatment records, testing and evaluation results, and other information pertinent to the disability benefits application process; being available to attend consumer appointments with the DBS; and providing other mutually agreed-to support, services and consultation during the application process.

Referrals from the DBS to Counseling & Clinical Services may be needed as part of the disability application process in order to obtain a formal assessment of the person's mental health impairments. In this instance partnering means, with informed consent, the DBS will complete the required referral forms for testing and evaluation as described in Section II. above; work with the consumer to schedule appointments; and communicate regularly with the Counseling & Clinical Services staff to troubleshoot problems and concerns in order to facilitate the disability application process and assure the consumer has access to needed mental health and/or substance abuse services.

If the number of consumers with mental health and/or substance abuse impairments warrants, semi-monthly or monthly staffings between the DBS and Counseling & Clinical Services will be considered to assess the status of the individual's condition, treatment, medications and evaluations as they pertain to the application process for disability benefits, and discuss what further information or action might be needed from the applicant or from staff.

#### Collaboration Related to Homelessness:

Homeless consumers with mental health and/or substance abuse needs who contact either the ADRC or Counseling & Clinical Services will be served according to the protocols detailed in the "Memorandum of Understanding Regarding Response to Homelessness in Richland County." In addition, staff will go beyond the MOU by seeking to partner on situations involving homeless consumers who have mental health and/or substance abuse needs.

Partnering means: If a homeless consumer comes to the ADRC first and is assessed as having a mental health and/or substance abuse issue that is interfering with his/her ability to function, the I&A Specialist will contact the Counseling & Clinical Services Homeless Coordinator and ask her to come over to the ADRC, meet together with the consumer, and jointly decide on a plan for mutually serving the consumer. If the Counseling & Clinical Services Homeless Coordinator is not available, the Crisis Intervention staff person on duty at the time will come over instead.

If a homeless consumer with mental health and/or substance abuse issues comes to Counseling & Clinical Services first, the Homeless Coordinator will contact the ADRC and ask the I&A Specialist on currently on intake to come over to the West Office, meet together with the consumer, and jointly decide on a plan for mutually serving the consumer.

#### Collaboration Related to Early Intervention/Prevention:

Counseling & Clinical Services and the ADRC have set a goal to work together on at least one early intervention/prevention project each year related to mental health or substance abuse. In the first quarter of each year, staff will meet to decide on a project for the year and develop a plan and timeline for implementation. Projects may include, for example, providing free depression screening on National Depression Screening Day, or providing public information on coping with holiday stress, etc.

#### Collaboration Related to Consumers in Need of Adult Protective Services:

Occasionally ADRC and Counseling & Clinical Services staff will be working together to serve a consumer who is in need of adult protective services (APS). In such instances, the staff will consult and agree about who will take responsibility to make the referral to APS. The designated staff person will then follow his/her unit's policy & procedure to make the connection to APS.

Collaboration Related to Mutual Support:

Counseling & Clinical Services staff and the ADRC staff will be available to provide consultation to each other in their areas of expertise. For example, Counseling & Clinical Services staff can contact the ADRC I&A Specialists or Benefit Specialists when they need ideas, information or consultation related to community resources, programs and public benefits. The ADRC staff can contact the Counseling & Clinical Services staff when they need information or consultation related to mental health and/or substance abuse diagnosis and treatment.

**V. SIGNATURES**

Changes to this MOU will be made as deemed necessary and agreed to by the signing parties.

\_\_\_\_\_  
Tracy Thorsen  
Counseling & Clinical Services Unit Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Linda Symons  
Aging & Disability Resource Center Unit Manager

\_\_\_\_\_  
Date